

CLAS ACT VIRGINIA: CENTRAL VIRGINIA HEALTH DISTRICT

**AMHERST COUNTY, APPOMATTOX COUNTY, BEDFORD COUNTY, CAMPBELL COUNTY,
LYNCHBURG CITY**

HOW DO THESE REQUIREMENTS IMPACT MY HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. **The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee:**

Speak English less than "well" (US Census, 2000)	#
Amherst County	134
Appomattox County	80
Bedford County	233
Campbell County	219
Lynchburg	569
Central Virginia Health District	1,235

Top five languages for LEP individuals (those who speak English less than "well") in the Central Virginia Health District (U.S. Census, 2000)	#
Spanish	699
French	102
Chinese	65
German	45
Korean	34

Based on 2000 Census Data, 1,235 of the residents of Central Virginia Health District are considered LEP. This proportion is significantly higher in the jurisdiction of Lynchburg City (569 residents). Of the LEP residents in the Central Virginia Health District, the overwhelming majority speak Spanish as their primary language.

LEP Students Receiving Services (Virginia Department of Education, 1996 – 2006)										
Year	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Amherst County	5	25	9	11	11	12	2	2	0	0
Appomattox County	1	2	2	2	4	0	0	0	0	0
Bedford County	58	45	39	31	24	26	21	30	30	25
Campbell County	61	62	40	31	28	59	27	16	17	9
Lynchburg	89	83	110	43	64	61	47	4	38	33
Central Virginia	214	217	200	118	131	158	97	52	85	67

Based on trend data from the Virginia Department of Education, the # of LEP students receiving educational services is more than **3 times what it was 10 years ago** in the Central Virginia Health District. Therefore, it would be relatively safe to assume that the numbers and percentages reflected in the US Census 2000 data significantly underestimate the present number or proportion of LEP persons presently eligible to be served or likely to be encountered by the Central Virginia Health District.

2. The frequency with which LEP individuals come into contact with the program:

The following is patient level data for Central Virginia Health District as reported in WebVision, January – December 2006*:

Primary Language	Patients (unduplicated count)		Patient Encounters	
	#	%	#	%
English	10,878	98.55%	25,135	98.27%
Spanish	67	0.61%	225	0.88%
Korean	46	0.42%	117	0.46%
Vietnamese	4	0.04%	5	0.02%
Arabic	3	0.03%	7	0.03%
Chinese	3	0.03%	3	0.01%
Unknown	2	0.02%	12	0.05%
Afrikaans	1	0.01%	5	0.02%
Albanian	1	0.01%	2	0.01%
Georgian	1	0.01%	2	0.01%
Hindi	1	0.01%	1	0.00%
Central Virginia Health District	11,011	100.00%	25,518	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of "yes" & "unknown")

There may be some variation and inconsistencies regarding how health districts report this data through WebVision – if you feel this is not an accurate reflection of the patients you encounter, please contact Fatima Sharif so she can address issues with data collection.

According to this data, for the Central Virginia Health District:

- ♦ 1.20% of all patients are LEP
- ♦ 1.50% of all encounters involve LEP patients.

3. The nature and importance of the program, activity or service provided by the recipient to its beneficiaries.

The following comes from the Guidance on Title VI: “the recipient should consider the importance and urgency of its program, activity, or service. If the activity is both important and urgent--such as the communication of information concerning emergency surgery and the obtaining of informed consent prior to such surgery--it is more likely that relatively immediate language services are needed. Alternatively, if the activity is important, but not urgent--such as the communication of information about, and obtaining informed consent for, elective surgery where delay will not have any adverse impact on the patient's health, or communication of information regarding admission to the hospital for tests where delay would not affect the patient's health-- it is more likely that language services are needed, but that such services can be delayed for a reasonable period of time. Finally, if an activity is

neither important nor urgent--such as a general public tour of a facility--it is more likely that language services would not be needed.”

4. The resources available to the grantee/recipient and the costs of interpretation/translation services.

The following comes from the Guidance on Title VI: “Where appropriate, training bilingual staff to act as interpreters and translators, information sharing through industry groups, telephonic and video conferencing interpretation services, pooling resources and standardizing documents to reduce translation needs, using qualified translators and interpreters to ensure that documents need not be “fixed” later and that inaccurate interpretations do not cause delay or other costs, centralizing interpreter and translator services to achieve economies of scale, or the formalized use of qualified community volunteers, for example, may help reduce costs. Recipients should carefully explore the most cost-effective means of delivering competent and accurate language services before limiting services due to resource concerns. Large entities and those entities serving a significant number or proportion of LEP persons should ensure that their resource limitations are well-substantiated before using this factor as a reason to limit language assistance. Such recipients may find it useful to be able to articulate, through documentation or in some other reasonable manner, their process for determining that language services would be limited based on resources or costs.”

Based on the federal requirements, the following processes should be in place at the Central Virginia Health District to ensure compliance:

- **Notification of Rights:** provide both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them.
- **Interpretation Services:** offer interpretation services to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation, being mindful that LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after notification of their rights to receive language assistance services at no cost to them.
- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.
 - It is recommended that the Central Virginia Health District utilize interpreters (whether they are in-house, bilingual professional staff, or contract interpreters) who:
 - have been screened and tested for proficiency in both English and the target language(s)
 - have received a minimum of 30 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)
 - adhere to an interpreter Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare interpreter continuing education
 - are covered by liability insurance

- It is recommended that the Central Virginia Health District utilize translators (whether they are in-house, bilingual staff, or contract translators) who:
 - have subject matter expertise in medical and health care and prior experience translating medical/health documents
 - are able to write at an appropriate reading level for the target audience
 - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators Association preferred
 - are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
 - adhere to a translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
 - participate in ongoing medical/healthcare translator continuing education
 - are covered by liability insurance
 - do not rely on software based translation programs
- ◆ **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

Where Can I Find Assistance and/or Resources?

VDH Office of Health Policy and Planning (OHPP) CLAS Act Virginia Initiative

VDH OHPP has developed the CLAS Act Virginia Initiative to serve as a resource to VDH to ensure that VDH does not place itself at risk for losing federal funds by being out of compliance with federal requirements and in partial fulfillment of the OHPP mission to improve access to quality health care for all Virginia residents. As part of the CLAS Act Virginia Initiative:

- A *web-based resource directory* has been developed: <http://CLASActVirginia.org>
- A decision package was submitted and funds were subsequently appropriated to provide *grants to local health districts* to assist with the provision of linguistically appropriate services.
- A *CLAS Act Coordinator* has been hired *to provide technical assistance and assist with capacity building activities*:
 Fatima Sharif
 CLAS Act Coordinator
 804-864-7437
Fatima.Sharif@vdh.virginia.gov

A few of the activities presently underway include:

- Medical interpreter loan repayment program
- Cultural competency training series
- Navigating the U.S. health care system educational materials for new immigrants and refugees
- Establishment of processes for communicating with the LEP in the event of public health events
- Development of VDH policies and procedures